## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.:\_\_\_\_

As a below named inventor, I hereby declare that:

FORMING APPARATUS

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD, AND IMAGE

| described and claimed   | l in the specific                        | ation:  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| Check one   |  |   |  |  |  |  |  |  |
| *a.   | attached hereto                          | <b>).</b>   |  |  | •  |  |  |  |
| b. 🗌  | filed on                                 | as Application Seria  | l No                                       | and  |  |  |  |  |
|   | nded on                                  | ·   |  |  | ·  |  |  |  |
|   | oplicable)                               | reviewed and understan  | nd the conte                               | nts of the ab                                  | ove-identified application, including the  |  |  |  |
| claims, as amended by   |  |   | id the come                                | nts of the ab                                  | ove-identified application, including the  |  |  |  |
| I acknowle  | edge the duty t                          | to disclose to the Office   | all informa                                | tion known                                     | to me to be material to patentability as   |  |  |  |
| defined in Title 37, Co   |  | •   |  | •  |  |  |  |  |
| Under Title<br>provisional application                                  | e 35 U.S. Code n(s) filed within         | e § 119, the priority bern one year prior to this a                           | nefits of the population are               | following for<br>e hereby clai                 | reign application(s) and/or United States med:   |  |  |  |
| Japanese Pa   | tent Applicat                            | ion No. 11-284605, f  | iled on Oct                                | tober 5, 199                                   | 99   |  |  |  |
| the United States of A  | merica either                            |   | rior to this a                             | pplication, o                                  | rention were filed in countries foreign to or (b) before the filing date of the above                                    |  |  |  |
| the Customer Number<br>Office connected there                           | r provided belo<br>ewith, and direc      | ereby appoint the registrow to prosecute this appoint that all correspondence | lication and                               | to transact a                                  | rgan, Lewis & Bockius LLP included in<br>ill business in the Patent and Trademark<br>stomer Number.                      |  |  |  |
|   |  |   | and the cont                               | anta of this F                                 | Declaration, and that all statements made  |  |  |  |
| herein of my own kn<br>further that these state<br>by fine or imprisonn | owledge are trements were ment, or both, | ue and that all statemer<br>ade with the knowledge                            | nts made on<br>that willful<br>Title 18 of | information<br>false statement<br>the United S | and belief are believed to be true; and ents and the like so made are punishable States Code and that such willful falso |  |  |  |
| Tomorraittan Fall None  |  |   |  |  |  |  |  |  |
| Typewritten Full Name of Sole or First inventor:                        |  | Yusaku  |  |  | Kurihara   |  |  |  |
|   |  | Given Name  | Middle                                     | Initial  | Family Name  |  |  |  |
| **Inventor's Signature:   |  | Yusaku  |  |  | Lucihara   |  |  |  |
| **Date of Signature:  |  | ÷   |  | Lo   | / 2000   |  |  |  |
| _   |  | Month   |  | Day  | Year   |  |  |  |
| Residence:  | Ebina-shi                                |   | Canagawa                                   |  | Japan  |  |  |  |
|   | City                                     | State of Province Country   |  |  |  |  |  |  |
| Citizenship:  |  | Japan   |  |  |  |  |  |  |
| Post Office Address:  |  | c/o Fuji Xerox Co., Ltd., 2274, Hongo,  |  |  |  |  |  |  |
| address, including country)   |  | Ebina-shi, Kanagawa, Japan  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN " $\times$ " HERE  $\boxtimes$ 

<sup>\*</sup>This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM

| of Second Joint invent   |            | Makoto                                 |                          |                 | Sano        |  |  |  |
|--|------------|--|--------------------------|-----------------|-------------|--|--|--|
| or boomerome in tone   | 01.        | Given Name                             | Middle I                 | nitial          | Family Name |  |  |  |
| **Inventor's Signature:  |            | Mako                                   |                          |                 | Sans        |  |  |  |
| **Date of Signature:   |            | A Care                                 |                          | <i>'</i> $\eth$ | / 2000      |  |  |  |
| , and the second |            | Month                                  |                          | Day             | Year        |  |  |  |
| Residence:   | Ebina-shi  |  | Kanagawa                 |                 | Japan       |  |  |  |
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| Citizenship:   |            | Japan                                  |                          |                 |             |  |  |  |
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| Typewritten Full Nam   | e          |  |                          |                 |             |  |  |  |
| of Third Joint inventor:   |            | Shigeru                                |                          |                 | Tsukimura   |  |  |  |
|  |            | Given Name Middle Initial              |                          |                 | Family Name |  |  |  |
| **Inventor's Signature:  |            | Shigeri                                |                          |                 | -/sukimura  |  |  |  |
| **Date of Signature:   |            |  | <del>}</del> /           | 10              | / 2000      |  |  |  |
|  | <b>-</b>   | Month                                  | **                       | Day             | Year        |  |  |  |
| Residence:   | Ebina-shi  | Kanagawa                               |                          |                 | Japan       |  |  |  |
| and the  | City       | Ionan                                  | State of Provin          | ce .            | Country     |  |  |  |
| Citizenship:   |            | Japan                                  |                          |                 |             |  |  |  |
| Post Office Address: (Insert Complete mailing  |            | c/o Fuji Xerox Co., Ltd., 2274, Hongo, |                          |                 |             |  |  |  |
| address, including country)  |            | Ebina-shi, Kanagawa, Japan             |                          |                 |             |  |  |  |
| Typewritten Full Namon of Fourth Joint inventor  |            |  |                          |                 |             |  |  |  |
| **Inventor's Cianature   |            | Given Name                             | Middle I                 | nitial          | Family Name |  |  |  |
| **Inventor's Signature   | •          |  |                          |                 |             |  |  |  |
| **Date of Signature:   |            | Month                                  | <del> </del>             | Day             | Year        |  |  |  |
| Residence:   |            | Wiondi                                 |                          | Duy             | 1 Out       |  |  |  |
| residence.   | City       | State of Province                      |                          |                 | Country     |  |  |  |
| Citizenship:   | •          |  |                          |                 | •           |  |  |  |
| Post Office Address:   |            | •                                      |                          |                 |             |  |  |  |
| (Insert Complete mailing address, including country)   |            | •                                      |                          |                 |             |  |  |  |
| addition, mendang course,  |            | <u></u>                                |                          |                 |             |  |  |  |
| Typewritten Full Name of Fifth Joint inventor:   | e          |  |                          |                 |             |  |  |  |
|  |            | Given Name Middle Initial              |                          | nitial          | Family Name |  |  |  |
| **Inventor's Signature   | <b>:</b> : |  |                          | •               |             |  |  |  |
| **Date of Signature:   |            |  |                          |                 |             |  |  |  |
|  |            | Month                                  |                          | Day             | Year        |  |  |  |
| Residence:   | <u> </u>   |  | Description (Description |                 |             |  |  |  |
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| Citizenship:   |            |  |                          |                 |             |  |  |  |
| Post Office Address:   |            |  |                          |                 | ·           |  |  |  |
| address, including country)  |            | <u> </u>                               |                          |                 |             |  |  |  |

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.